

**CONFIDENTIAL FUNDS
DEPARTMENTAL TIME AND ATTENDANCE**

| | | | | | | | | | |
|---|---------|---|-----|---|-----|---------------------------------------|-----|-------|--|
| 1. EMPLOYEE NAME | | NUMBER | | | | | | | |
| 4. REMARKS | | 5. LEAVE BALANCES BROUGHT FORWARD FROM PRIOR P LEAVE ACCRUED DURING THIS REPORTING PERIOD AGGREGATE OF LEAVE AVAILABLE DURING THIS PE | | | | | | | |
| 7. INC. HRS. | D AY | 8. TIME WORKED | | | | 9. INC. HF OUT | | | |
| | | R/T | N/D | O/T | H/T | | C/T | OTHER | |
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| 11. PAY PERIOD TOTALS | | 160 | | | | | | | |
| 12. COMPENSATORY TIME BALANCE BROUGHT FORWARD | | | | 13. BALANCES AT CLOSE OF TH | | | | | |
| WORKED THIS PAY PERIOD | | | | W.O.P. TOTAL FOR LEAVE YEAR TO END OF | | | | | |
| TOTAL FOR THIS PAY PERIOD | | | | W.O.P. TOTAL FOR LEAVE YEAR TO END | | | | | |
| USED THIS PAY PERIOD | | | | * CERTIFICATION FOR SICK LEAVE | | | | | |
| PAID THIS PAY PERIOD | | | | I CERTIFY THAT THIS ABSENCE WAS D WHICH INCAPACITATED ME FOR DUTY. | | | | | |
| BALANCE AT END OF THIS PAY PERIOD | | | | | | | | | |
| KEY: R/T - REGULAR TIME N/D - NIGHT DIFFERENTIAL | | O/T - OVERTIME C/T - COMPENSATORY TIME | | H/T - HOLIDAY TIME A/L - ANNUAL LEAVE | | S/L - SICK LEAVE LWOP - LEAVE WITH | | | |

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| REPORT | | A/L Bal at Beg of current Lv Yr hrs | | | | |
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| 2. PAYROLL PERIOD | | 3. S.C.D. | | A L A | | |
| | | MO. | DAY | YR. | | |
| PERIOD | | SICK | ANNUAL | 6. TOUR OF DUTY | | |
| RIOD | | | | | | |
| S. N | D AY | 10. TIME ABSENT | | | | INITIALS |
| | | C/L | LWOP | SICK | ANNUAL | |
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| 11. IS PERIOD | | | | TEL. | | |
| PRIOR PERIOD | | 14. CERTIFIED CORRECT | | | | |
| OF THIS PERIOD | | | | | | |
| EX TO ILLNESS | | (SUPERVISOR OR TIMEKEEPER) | | | | |
| C/L - COMPENSATORY OUT PAY | | ALA - ANNUAL LEAVE ACCRUAL LEAVE | | SCD - SERVICE COMPUTATION DATE | | |

(6-30)